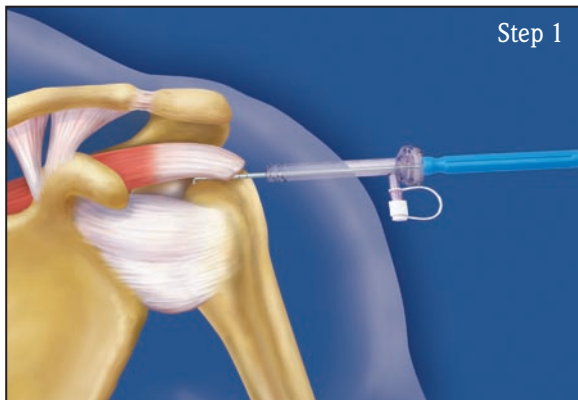


# IN THE Loop



## Double-Row Rotator Cuff Repair with the Bio-Corkscrew w/TigerTail Suture and the Corkscrew Parachute II

Augmenting a standard single row rotator cuff repair with the Corkscrew Parachute II provides a simplified solution for maximizing broad tendon compression to bone and footprint restoration without additional suture passing or knot tying.



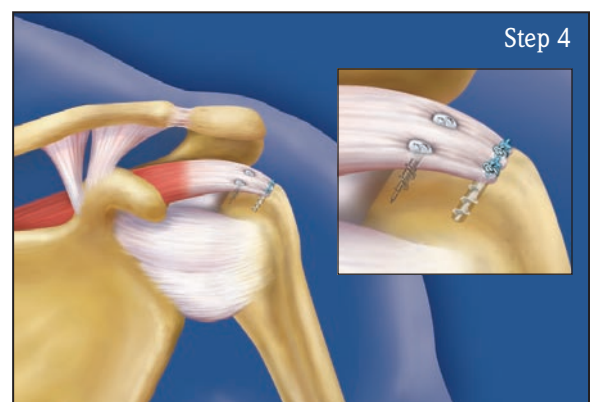
A probe with 5 mm markings is used to measure the footprint of the rotator cuff and plan for placement of lateral suture anchors and a medially placed Corkscrew Parachute II.



A Bio-Corkscrew anchor is placed in the most lateral area of the footprint. The Viper or NeedlePunch suture passer is used to suture and secure the lateral edge of the tendon. Based on footprint averages (16-24 mm) sufficient space is left for the Corkscrew Parachute anchor (8 mm disc) to be seated medial to the lateral row without encroaching the articular margin.



Just off the lateral acromial edge, introduce the Parachute II through a 10 mm percutaneous portal made in line with the deltoid muscle fibers. The tip of the anchor is started approximately 4-5 mm from the most medial placed suture of the lateral anchor. The anchor tip is advanced through tissue. A mallet is used to seat the tip in bone. The arthroscope may be transferred to the articular space to confirm position of the anchor tip prior to advancement. The anchor is then advanced until the disc of the Parachute begins to dimple the tissue.



This technique creates an anatomic repair of the rotator cuff with broad contact surface area for healing of the tendon to bone.